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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION										
1 011				(See instru	uctions)				Off	ice use only		
1. NAME (	OF TTEE (in	full)		(Check if name is changed)		cample: If typying er the lines	g, type	12FE4	M5			
Jobs,	Opportu	inities and	d Educ	ation PAC (J	DE-PAC)							
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ADDRESS (	number and	street)	84-5	6 Grand Ave	nue 		ш					
(Checl	eck if address	<b>3</b>	Elm	hµrst								
	is changed)		New	York				LNY L		11373   -		
					CITY	•		STATE		ZIP C	ODE 📥	
COMMITTE	E'S E-MA	L ADDRES	•	e provide only or		,						
X (Checl	k if address	3	jenn	ifer@nextlev	elpartner	s.net						
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COMMITTE	E'S WEB	PAGE ADD	RESS (L	JRL)								
(Check if address is changed)				://www.joepa	c.com							
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2. DATE	M 0 4		D / Y	2011								
3. FEC ID	ENTIFICA	TION NUM	BER		C C	00362384						
4. IS THIS	STATEM	IENT	NEV	V (N) O	R	X AMEND	DED (A)					
I certify that I h	nave exami	ned this Stat	ement an	d to the best of my	v knowledge	and belief it is tru	e, correct an	d complete				
•					· ·			·				
Type or Print	Name of	Treasurer		Jennifer M M	ay							
Signature of	Treasurer	Electron	ically File	ed by <b>Jennif</b>	er M May			Date	<b>0 4</b> /	<b>2 5</b>	<b>20</b> 1	<b>1</b> 1
NOTE: Submi	ission of fa			mplete information			_			of 2 U.S.C. §		
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L	ffice Jse Only					For further in Federal Electi Toll Free 800-	ion Commiss			FEC FC (Revised C		